



TOWN OF APPOMATTOX

An Equal Opportunity Employer



Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, handicap, sex, or age.

Employment Application

PERSONAL INFORMATION (please print) Kindly fill out the application *completely* and give it to the receptionist. (Incomplete applications cannot be accepted.)

Last Name	First Name	M.I.	Today's Date / /
()			
Phone Number	Email Address		
Present Address	Apt/Unit #	City	State Zip Code

EMPLOYMENT DESIRED

Position _____ Expected Wage \$ _____ per hour

Date Available ____ / ____ / ____ Applying for: Full-time Part-time Temporary

Is there any reason why you would not be able to perform all the job duties of the position you have applied for?

Yes No If yes, please explain _____

If under 18 years of age, can you provide proof of your ability to work? Yes No

- For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the US? Yes No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identify. Further, you will be required to provide documentation to that effect should you be employed.
- Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? Yes No If yes, please explain below.

EDUCATION

High School: _____ Circle highest grade completed: 8 9 10 11 12

Graduation Year: _____ or Date high school equivalency diploma (G.E.D.) received: _____

Please provide information below for any post high school education (college, trade/business school, etc.)

Name of Institution	Field of Study	Dates Attended

PREVIOUS EMPLOYMENT (Please list your last 2 employers beginning with your most recent. Please complete even if you attach a resume)

Employer:		Phone Number:	
Address:			
Title/Duties:			
Supervisor's Name & Title:			
Reason for Leaving			
Start Date (mo./yr.):	End Date (mo./yr.):	Starting Salary:	Ending Salary:

Employer:		Phone Number:	
Address:			
Title/Duties:			
Supervisor's Name & Title:			
Reason for Leaving			
Start Date (mo./yr.):	End Date (mo./yr.):	Starting Salary:	Ending Salary:

Use this space for additional information you think would help us evaluate your application, such as training, seminars, workshops, special achievements, etc.

LICENSE (to include driver's) certificate or other authorization to practice a trade or profession.

Type:	License Number:	Expiration Date:

REFERENCES: List names, phone numbers, and relationships of three persons **not related to you:**

Name:	Phone:	Relationship:

Do you have any relatives who are currently employed by the Town of Appomattox? Yes No

If yes, please state the employee's name. **Name:** _____ **Relationship:** _____

Certification – *Each Application Requires Current Date and Original Signature*

I hereby certify that all entries are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Town of Appomattox. I understand that all information on this application is subject to verification, and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Town to rely upon and use as fit any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations, or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Signature:

Date:

OFFICE USE ONLY:

Date Applied: _____ Received By: _____

Hire for Position of _____ First Day of Work _____ Pay Rate \$_____. _____

Full Time / Part Time /Department _____

Signature of Interviewer _____ Date _____ **EOE** rev. 08/23